Eastern Health Collaborative (RC)

1/12/2017
12:00pm-1:00pm
EIPH Board Room

ATTENDEES: Dr. Chad Horrocks, Laurel Ricks, Amanda Birch, Julie Woolstenhulme, JoAnn Eddins, Molly Jensen, Janae Larson (phone), Jaylee Packer, Lyndsey Floyd, Alisha Tueller, Chelsey Cobabe (phone), Von Crofts, Amy Myler, Dr. Boyd Southwick, Ashlee Carlson, Mikki Ingle, Geri Rackow, James Corbett, Corinne Bird, Nicole Foster

WELCOME BY: James Corbett at 12:03pm.

MINUTES

AGENDA ITEM:	Medical-Health Neighborhood
PRESENTER:	Corinne Bird

DISCUSSION:

Corinne updated the Pediatric Mental Health Resource Guide. The guide is now only available in PDF form. She added which resources accept Medicare, Medicaid, private pay, a sliding scale payment system, etc. She updated location, services offered and which age group they serve. Corinne encouraged members to use and share the guide. She wants feedback on what needs to be added or changed in the resource guide.

Corinne recently met with Brandi Daw to better understand the admissions process for the Behavioral Health Center (BHC). She handed out a criteria list and psychiatric assessment and referral checklist that the BHC has created. For members not present, Corinne will bring those handouts during her next clinic visit. There are certain labs that BHC likes to have done before an individual admitted to their facility. These are usually done in the ER. Corinne also has brochures about BHC what services they offer and their new intensive outpatient unit.

ACTION ITEM	PERSON RESPONSIBLE	DEADLINE
▪ **Bring BHC information to clinics on the phone**	Corinne	2/1/2017
▪ **Give feedback on the Pediatric Mental Health Resource Guide**	Group	Ongoing

AGENDA ITEM:	PCMH Transformation- Reflect and Go Forward
PRESENTER:	James Corbett

DISCUSSION:

James led the group discussion about moving forward and what should be the focus of the Regional Collaborative (RC) as Cohort 1 comes to a close of their first year and Cohort 2 begins. The vision statement was reviewed and the three focuses were 1) Support practice transformation, 2) Collaborate and share, 3) Community Health. The RC has focused on providing and connecting Community Health Resources and form a Health Neighborhood. The group feels like they have all the resources that they need to give care to their patients. The group feels like they are getting quick and adequate feedback from specialty clinics regarding their patients. EIRMC has been doing a great job of sending the discharge notes to the PCP. However, they feel there is a breakdown in medication changes from hospital discharge to assisted living to PCP. Often times the facility will call the pharmacy to get clarification. The group is interested in getting more billing information and dietary resources available to their overweight and obese patients. Obesity is something the group would like to focus on in the next year.

The group discussed what they liked about the RC during the past year and what they would change. The hope is that the meetings are effective and foster relations but also to be mindful of everyone's busy schedules. Chelsey really liked when other clinics presented about things that are going well, struggles their clinic was having, and how they overcame those struggles to make a PCMH transformation. It helped their clinic solve similar problems. She thinks this would be very helpful for Cohort 2 clinics to hear the experiences from Cohort 1. Von felt the meeting gave him ongoing motivation and helped reminded him of tasks be needed to work on or finish.

The frequency and duration of the RC meeting was discussed. It was determined that they RC will meet quarterly and will be 90 minutes, from 12-1:30 pm. Corinne mentioned the quarterly Care Coordinators' conference call that will help supplement the information the clinics are receiving. Those can take place bother months in between RC quarterly meetings. This will be decided at the next coordinator call.

Clinics should have received an email from Briljent about updating their contact information. This is in preparation for renewing their contracts. In order to be eligible for the $5,000 reimbursement for becoming PCMH recognized during the next cohort year. Corinne will also be available for QI help to the cohort 1 clinics during cohort 2. She will also have information about the 2017 standards as they become available.

Action Item	Person Responsible	Deadline
Setting meetings schedule for next year	James and Corinne	Feb 10th
Update contact list	Corinne	Feb 10th

Agenda Item:	Health Outcomes- Baseline Rates
Presenter:	James Corbett

Discussion:

The question "Why do we look at Baseline Rates as a group" was discussed. Some of the reasons we collect data are: accountability, results, gaps in care, and reimbursement. Requirements for NCQA clinics look at is two immunizations, two preventative measures and three chronic diseases. These fulfil NCQA requirements, in Standard 6 Element A, Factors 1-3. Clinics are accountable to be pulling these numbers. The RC is a good way for clinics to help each learn how to create these reports and help each other. Gap in Care: collecting these numbers allow clinics through the region to see if there is a break down in care and if there are needs not being met. The example give was if all the clinics are collecting immunization numbers but none of the clinics can get better than 60% immunization, is there something that is holding the clinics back or is there a breakdown in the way that the numbers of being collected. It allows us to go back, look at the process, and see if something needs to be changed. Reimbursement, it is important to be able to show the payers that rates have increased. It also fulfils the Healthy Connections Tier requirement.

Looking at the Big Picture: everyone is here because their clinics want to make a PCMH transformation. One NCQA requirement is to pull and maintain reports using their EHR systems. Doing it as a RC allows clinics to help each other. Each clinic is capable of pulling the numbers. It might just take a little extra work or outside of the box thinking. Von and Dr. Southwick discussed how it was easy to say if a patient smokes or not but, it takes extra work or changing the Structured Data in their charting to report if smoking cessation was given. It also shows that the transformation and changes in the clinic really do bring results.

Conclusion

Cohort 1 clinics will continue to participate in the RC meetings to help Cohort 2 clinics make their transformation. We will still be collecting baseline data but we be reevaluating them data to see if there is more appropriate data that can be collected. James also encouraged clinics to start with the numbers they can collect and them start moving forward.

Action Item	Person Responsible	Deadline
▪ **Reevaluate numbers that are collected**	James	March 1st

Next Meeting

Date: 4/13/2017
Time: 12:00pm-1:30pm